

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>8/16/96</u>		2 Serial/Patent # <u>08/669656</u>																					
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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<input type="checkbox"/>	Notice of Appeal/Appeal																						
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		7 TOTAL AMOUNT OF REFUND																					
		\$ 632																					
8 TO BE REFUNDED BY:																							
10 REASON:		<input type="checkbox"/> Treasury Check																					
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:																					
<input type="checkbox"/> Duplicate Payment		9 <span style="border: 1px solid black; padding: 2px;">26--0166</span>																					
<input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY:																							
TYPED/PRINTED NAME: <u>D. Durham</u>		TITLE: <u>L.I.F.</u>																					
SIGNATURE: <u>D. Durham</u>		PHONE: <u>308-6473</u>																					
OFFICE: <u>OIPE</u>																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: <u>Katharine Mack-Fores</u>		DATE: <u>11-13-96</u>																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B